

If you have any questions after reading this or would like further information feel free to email me at tvrs387@erols.com. -- John Hughes

EMS Volunteers in the ODEMSA region

Introduction

As of July, 1999, 140 volunteer fire departments, 275 volunteer rescue squads and 65 volunteer fire/rescue organizations existed in the state of Virginia, composing 65% of all EMS agencies in Virginia.ⁱ Approximately 23,410 people volunteer or work in an EMS agency in the state of Virginia. In 1973 the Old Dominion EMS alliance was created. The ODEMSA region, see Figure 1, is composed of 22 counties, 6 cities, 3 towns and 1.4 million people. Within the ODEMSA region, approximately, 100 EMS agencies provide care to the sick and injured.ⁱⁱ The purpose of this project is to examine the characteristics of the volunteers in the ODEMSA region as it applies to recruitment and retention issues. Recommendations are made based on those findings.

People make a very important commitment when they decide to volunteer. Approximately 94 million Americans volunteer their time in some fashion; 25 million volunteer five or more hours per week.ⁱⁱⁱ Without these volunteers, many services would be unavailable or at a cost to consumers and/or taxpayers.

EMS has greatly changed over the years, “back in the beginning all that was required was a strong back, a willingness to help, and a commitment to respond to calls.”^{iv} Now time demands associated with training, running emergency calls, fund-raising, maintaining a station with adequate equipment and supplies can add stress. The difficulty in managing the time with every day life events also adds stress. This accumulating stress often leads to an increase in irritability, depression, fatigue and family distress.^v With the changes in society, people do not have the ability to donate time as they once did. Some of the changes over time include more two-career households, people involving themselves more in their careers, and the larger time commitment for training which conflicts with other obligations.^{vi} Stress, or burnout, greatly affects one’s drive to continue participation in a volunteer organization. Often the reason for discontinuation of service cited is burnout.^{vii} Despite the stress of volunteering, individuals still choose to participate.

Individuals volunteer for various reasons ranging from education and learning experiences or social network gained, while others may volunteer for career enhancement. Some believe it is their duty to serve their community while some do it for the excitement.^{viii} Whatever the reason, groups of individuals work together to provide this selfless service to their community. However, much concern exists among agency leaders who fear that they may lose their volunteers after time.

The recruitment and retention of volunteers is a significant challenge for volunteer fire and EMS agencies.^{ix} A great deal of literature exists on the issue of recruitment and helps organizations develop recruitment strategies. The State Office of EMS, Virginia Department of Health offers an assortment of posters, videos, kits and mini-grants to assist organizations with recruitment activities. In the past few years, retention also evolved as a problem area. Though most organizations are having less difficulty in finding members, keeping the members interested and dedicated poses the biggest challenge.^x Conflict within the organization leads to a number of retention

problems, such as members that leave an agency due to interpersonal quarrels. Lack of leadership ability among officers attributes to much of the conflict in organizations;⁸ however, personal conflicts develop when cliques make new members feel out of place. Members leave due to lost interest or due to work or family conflict. Members become especially burned-out at a quickening pace due to time demands.⁷

Methods and Materials

A questionnaire, see Appendix I, was developed based on research done previously on volunteer fire and EMS and by the expertise of Virginia Office of EMS.¹⁵⁻¹⁷ The Office of EMS provided a random sample of 2,000 out of the 2,244 providers previously affiliated with volunteer agencies in the ODEMSA. The questionnaire was mailed out to these 2,000 providers and return postage was included to facilitate an increased response rate. Data obtained was then entered into SPSS 8.0, a comprehensive analysis program. Descriptive frequencies were obtained and statistical analysis was performed to compare groups.

Results

BASIC DEMOGRAPHICS

An overall 40.2% response rate was received. The volunteers examined were composed of 50.5% males and 49.5% females, of which 94.7% classified themselves as white. The mean age was 37, the youngest respondent was 17 and the oldest was 77. The average years of service was 8.8, and the average number of hours donated by the respondents was 15.4 hours/week. The volunteers are diverse in their education levels, occupations, and income levels.

TRAINING

Of the volunteers who responded 67.5% were EMT-B certified, 3.2% were Shock-Trauma certified, 19.7% were Cardiac Technicians, 7.7% were Nationally Registered Paramedics, and 2% of the volunteers were First Responders. Males made up a large percentage of the First Responders (80%) and Paramedics (74.2%) in comparison to females, see Table 4.

Volunteers were questioned in reference to the training they have received. Most providers found training issues such as class duration, difficulty levels, and length of certification, generally, acceptable. See Tables 5-8 for the perceptions of all the respondents.

Advanced Life Support providers were questioned about their previous level of certification and the level of experience that their EMT training provided prior to their ALS course. EMT-A's and EMT-B's felt the quality of their experience was adequate in becoming an ALS provider, see Table 9.

PERSONAL CHARACTERISTICS

The volunteers were asked to rank why they continue to volunteer their time in fire and rescue organizations according to the most likely, second most likely, and third most likely reasons for volunteering, see Table 10. The most common reasons for

volunteering include personal satisfaction, contribution to the community, and the exciting nature of the work. Other reasons for volunteering include personal property tax deductions, service awards, retirement program and an other category, which included family, friends, and career enhancement.

Volunteers were asked to rank reasons why they would quit volunteering in EMS, see Table 11. Most common reasons for the cessation of volunteering include family demands, conflict and burnout. Other reasons ranked for quitting including fear of being sued, physical demands, fear of contracting AIDS or other infectious diseases, too much training, too emotional, and other category which included moving, work, and school.

MANAGEMENT AND LEADERSHIP

Volunteers were asked whether they were currently serving as an officer of their organization, 30% of the respondents stated they were currently officers. The volunteers were then asked a set of questions in reference to their organization and leaders. The responses were compared between officers and non-officers, see Tables 12-18. Officers agreed more often with the abilities of leadership and management than did non-officers.

Volunteers were asked an open-ended question in reference to what they felt was the biggest challenge facing their organization in the future. Some of the biggest challenges facing EMS agencies according to the respondents included lack of time, conflict, leadership ability, interest, training and burnout.

Despite all of the problems people face within their organizations, 82% of the respondents stated they would join their current organization again despite knowing what they know now.

Discussion

In a research questionnaire done in 1989 by Gora and Nemerowicz in New Jersey, the results showed that women only composed 38.9% of the volunteer population in EMS.¹⁵ According to this study, women make up almost half, 49.5%, of the volunteers in the ODEMSA region. However, according to the Office of EMS, statistics women compose 41% of the volunteers in the state. Socio-demographic issues may be a factor for this difference or women may have been more likely to respond to the survey. The average age of volunteers in Virginia is 34.1. This study found the average age of volunteers within the ODEMSA region to be 36.7. A large part of this group consisted of those in their twenties. The elderly members and high school and college students usually offered more than twenty hours per week. An increase in the mean number of hours of more elderly individuals is attributable to a smaller number of elderly adults who responded but dedicate a substantial number of hours. Those volunteering three or fewer years only constituted 28.5% of the respondents. There is a substantial drop in the years of service at 4 years of service. This may be attributed to the failure of those to re-certify and allow their certification to lapse. More research is needed to understand this phenomenon.

Occupational codes, subjective in nature, show the diversity of work that volunteers do. These occupations include engineers, mechanics, cashiers, pharmacists, police officers, career EMS/ Fire providers, nurses, machinists, farmers, truck drivers, and the list continues. The importance is the diversity of people. Each individual contributes something that another member may not possess, which makes organizations run well. However, the diversity may lead to difficulty in managing such different views.

Volunteering in any capacity puts a strain on an individual's personal life. With a majority of individuals working, going to school, or trying to take care of a home, volunteers struggle to find time out of the day, especially during the week, to respond to calls. Each volunteer must determine the amount of time he or she affords to donate. Otherwise, stress builds up and causes an imbalance.⁹ EMS volunteers make up a unique group in that they often sacrifice family time, work, and personal time, to answer emergency calls. In fact, the respondents ranked the demand of a family as the number one reason to quit volunteering. The organizations should offer family counseling resources, family social events, classes for new recruits and their family explaining what is expected of members or childcare services. More importantly, volunteer organizations need to remember the importance of a family.¹⁸

Many individuals included time as a challenge faced by their agency; however, this is a two-fold problem. Most agencies feel that if you can not pull the required time, then can not join. Volunteers must realize that despite the fact that they are "volunteers", a level of commitment is needed to run an EMS agency. Some agencies contract out for paid providers because of the inability to make up crews, especially during the day.¹⁹ Some agencies seek supplementation from the career fire departments. Local governments also employ providers to man agencies during the daytime. Those squads that are unable to meet the demand for volunteer ambulances, take the responsibility and pay to provide care to their communities. The priority in EMS is caring for the sick and injured and doing so in a timely manner. Those agencies or governments, which lack the funding for paid EMS personnel, must remember 'beggars can't be choosers' and should accept any help offered. As an alternative to substituting volunteers for paid providers, volunteer agencies might consider reducing the number of required hours to attract new members.

The respondents cited training as an issue, but not as a major problem. According to the data, a majority of individuals agreed that most classes were good. Most individuals felt they did not have to travel great distances, classes were not extremely difficult, and the classes were the correct length. However, the volunteers felt the duration of certification is a problem. In 1990, the state added an additional year to the duration of the certification for both first responders and EMT's. The state also reduced the hours for re-certification and changed the re-certification policy so that the agency's Medical Director can waive the testing process for active members. With the exception of Paramedic programs, most courses are offered at no charge ridding of any financial limitations volunteers might experience otherwise. Some respondents expressed some concerns in the free writing section of the survey about the provisional changes in the paramedic program, changing prerequisites. They argued that this would replace the volunteer paramedic with paid medics and would force volunteer EMS into paid services.

Although the volunteers generally agreed with the classes themselves, they expressed disapproval with the locations and availability of them. In order to recruit new members, agencies might consider offering courses in-house or assure that some are being offered in close proximity to their locality.²⁰ Agencies need to do their best to offer continuous training for their members, so providers can maintain skill levels and knowledge, even if it is ultimately the responsibility of the provider.²⁰ Aside from offering courses, keeping the volunteers notified of courses and training updates offered

in different places dictates good communication with members. Training makes up the essential component of a professional provider, volunteer or career.

Once completing their EMT training, some choose to move to an advanced level of care providing. Three years ago, the state implemented and mandated the teaching of a nationally recognized certification for EMTs, the EMT-B. This certification level has been criticized by many as producing cookbook providers who only think in one dimension.²¹ It is important that EMT-Bs who intend to advance their level of certification take the time necessary to prepare themselves for ALS class, to assure the most adequate learning experience. In this survey, current ODEMSA Advanced Life Support (ALS) providers were asked about their previous certification before becoming an ALS provider. The response showed that the EMT-A and the EMT-B were equally as likely to classify their prior level of experience as adequate to becoming an ALS provider.

Individuals volunteer for many different reasons. Those in EMS most often ranked personal satisfaction, a contribution to the community, and the exciting nature of the work as the three most important reasons why they volunteer. However, according to a study, self-reporting allows for overestimating altruistic reasons and underreporting reasons such as personal development, career development, and social recognition.⁷ Most often self-centered motives dictate the length of service donated.²² Agencies need to consider these important aspects when developing retention programs. Volunteers participate more willingly and frequently if they know their time is needed by an organization.^{7,22} Mere recognition for doing a good job provides an easy incentive and keeps members interested. Organizations can start out with personalized letters of congratulations for new members and then offer recognition awards for progression. If possible, agencies should submit clips to local newspapers to honor individuals for their service, such as the Volunteer of the Month or Year. Public Recognition communicates group respect and also educates the community on volunteers.^{7,23} Awards do not have to be of monetary value; respected awards include personalized certificates or plaques.

Some individuals cited tax deductions and retirement benefits to volunteers as reasons or incentives to join. Local governments offer personal property tax deductions for those who volunteer in their community. Some localities also offer free county or city decals or license plates. A bill to develop a Pension Fund for volunteer firefighters and rescue squad workers passed in the 1999 General Assembly.²⁴ The Virginia Retirement System proposes the development of the Board and all the details that encompass the Fund to take effect in July of 2000. This pension fund will provide some retirement benefits to those who volunteer a significant amount of time.

One of the biggest problems I see facing EMS agencies in the future is management and leadership ability of those who hold offices. In the questionnaire, officers and non-officers were questioned about the organization and some managerial issues, and the responses differed significantly. The non-officers see things as problem areas, whereas, officers had the tendency not to see them that way. Many of the respondents cited politics, leadership, and conflict as major problems that need attention. Lack of leadership ability and ignorance of the needs of volunteers leads to a squad's demise.² Politics and clashing of personalities leads to an increase in turnover of members. Members want fair and equal treatment. Members also appreciate constructive criticism rather than negative comments. The Virginia Office of EMS offers

mini-symposiums around the state to solve the long existing leadership and management training problems. These courses are taught for a nominal registration fee and were designed to meet the concerns of EMS providers. Courses teach management qualities, discipline, team building, and include speakers on the integration of career personnel into volunteer agencies. The Virginia Office of EMS also offers courses on management and leadership at the symposium held in November of each year. The Virginia Association of Volunteer Rescue Squads offers a course in rescue squad management at Rescue College in the spring of each year. Officers should be aware that many books exist on volunteer management that may be very useful in developing leadership skills. The University of Richmond also offers courses and seminars developed for non-profit organizations throughout the year. Many of these seminars target leadership and management skills. It is vital that officers participate in some sort of leadership skills training to develop appropriate mannerisms and management skills, which are more likely to be respected by members.

Conclusion

Without a sufficient number of people, a volunteer EMS system will not remain in existence. Volunteers play a significant role in the delivery of EMS throughout our Commonwealth, especially in rural areas, where volunteer agencies provide the only form of pre-hospital care. Agencies must actively recruit members through an effective recruitment strategy. The Office of EMS offers many different kits as well as mini-grants to agencies to assist them in recruitment. The survey unveiled many resources that provide some insight to organizations of who is interested and how to make the agencies appealing to them. Many retired adults and nearby high school and college students dedicate their free time during the day or evening to run calls. Other medically inclined personnel such as nurses and doctors that show interest in EMS may not know how to get involved. The recruitment of members requires active participation on the part of all members within an organization, not just the officers. Members must accept the responsibility of seeking new members and making them feel welcomed. The existence of cliques and personal conflicts attributes to the unappealing nature of organizations. All members should aid in the training of new members whenever possible and help them attain a set of goals. Recruitment is not the job of one person but the job of everyone.

Keeping members interested plays a crucial role in the retention of members. Incentives used effectively provide and maintain interest in an organization. Simple, yet important, incentives include social recognition, personal achievements and obtainable goals. Other incentives include social events, such as picnics and banquets, and training paid for either by the organization or through the local government. Some local governments provide payment for a certain number of individuals to enroll into Paramedic courses, which provides a great initiative to have providers trained for that level of care. Retention also depends on good leadership. The general membership respects the most effective, fair, and concerned leaders. Effective leadership encourages members to participate not only in running calls, but to participate in managerial issues, fund-raising, recruitment, and the training of new members.

Volunteers maintain 65% of the EMS agencies in the Commonwealth of Virginia. Without volunteer EMS agencies, a significant number of communities would go without pre-hospital emergency care. Without it, one places a great number of lives in jeopardy. People often overlook the importance of volunteers, until they pick up the telephone to

dial 911 and experience the relief when help is on the way. Even after volunteers provide the care, most people lack the realization that *volunteers* just made the difference. However, we, as volunteer providers, must overlook this easy misconception and remember the sole purpose of our existence - the patient. Handling undue amounts of stress and selflessly giving our time makes us the unique and irreplaceable EMS volunteer.

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